Patient Abstract

**Patient-Centered Health Care Delivery Systems: Does expected utility change depending on different information regarding the disease?**

_Axel C Mühlbacher_, Professor for Health Economics and Healthcare Management, Hochschule Neubrandenburg, Institute Health Economics and Healthcare Management; Germany; 2010-2011 Harkness Fellow in Health Care Policy and Practice; The Commonwealth Fund, New York, USA; Duke University, Durham, NC, USA

_Susanne Bethge_, Research Fellow, Hochschule Neubrandenburg, Institute Health Economics and Healthcare Management; 2010-2011 BMEP Research Scholar, International Academy of Life Science, Germany

_Kevin A. Schulman_, Duke Clinical Research Institute (DCRI) Associate Director, Health Services Research Director, Center for Clinical and Genetic Economics, Duke University, Durham, NC, USA

_Correspondence to: Axel C Mühlbacher, Institute Health Economics and Healthcare Management; Germany; Phone: +49 39556933108, E-mail: muelhbacher@hs-nb.de_

**Abstract:**

**Objectives:** Patient-centered care is seen as a critical factor in a high-performance healthcare system. We considered a randomized decision-situation in which the available information is given by three hypothetical health states.

**Methods:** Within a discrete-choice experiment 21 characteristics of a healthcare delivery system are being used to construct 4 DCEs based on thematic mapping (patient-involvement; point of care; personnel; organization). Each DCE included six attributes with three specific levels. Respondents were randomly assigned and asked to make their decisions based on different information sets.

**Results:** For N=3900 respondents the feature “out-of-pocket costs” was the important attribute across all 4 DCEs (DCE-1coefficient: 0.6550; DCE-2coefficient: 0.8624; DCE-3coefficient, 0.6991; DCE-4coefficient, 0.7926). The relevance of the “out-of-pocket cost” changed when respondents were asked to consider their responses in the context of diabetes or lung cancer diagnosis (status-quo: 0.6749; diabetes: 0.81145; lung-cancer: 0.50431). Furthermore, the feature “trust and respect” (status-quo: 0.70338; diabetes: 0.65555; lung-cancer: 0.6369) was also less valuable when participants assumed a worse health state.

**Conclusions:** The study aimed to close the gap between simplistic representations of patient preferences in today’s healthcare systems and the complexity of actual patient decision-making processes by using the explanatory power of DCEs. Understanding how patients perceive and value different aspects of coordinated-care is vital to the optimal design and evaluation of programs.
Keywords

patient preferences, Discrete-Choice Experiment, Expected Utility, Patient-Centered Health Care Delivery Systems, United States